

Improving Quality

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What:
Ensure Accountability and Effectiveness

- Monitoring outcomes
- Tracking costs
- Preventing waste, fraud and abuse

Why: Importance

- Program's goal is to achieve cost-effective, successful outcomes for the largest number of people
- Demonstrated improvement in the seven domains, particularly abstinence, will influence future year funding beyond year one

How: Manage Outcomes

- Making management decisions based on the collection and analysis of data in the identified domains

Process 1 – What to Measure

- Identify objectives and their measures that are meaningful to the kinds of decisions management needs to make about quality
- Seven domains with objective questions and identified measures

ATR Required Domains

- Abstinence from drug/alcohol use
- Employment/education
- Crime and criminal justice
- Family and living conditions
- Social support
- Service access/capacity
- Retention in clinical treatment and/or recovery support services

Identify Targets

- Industry benchmark
- Evidence-based or “best” practice outcome achievements
- Organizational or funding authority target
- Organizational history – change over time

Process 2 – Data Collection

- Collect valid, reliable data
- Collect data in a timely manner
- Collect data that relates to outcomes to be measured
- Obtain an adequate level of detail
- Measure change over time – allows for comparative analysis

Financial Data (Efficiency)

- Monitor costs and ensure that funds are being used for appropriate and intended purposes
- Organization-level information collected for strategic and financial planning

Outcome Data (Effectiveness)

- Measure the success of clinical treatment and/or recovery support to ultimately measure success of the voucher program
- Person-level information aggregated in meaningful groups (e.g., percent of persons maintaining abstinence at identified times of measurement; percent of people gainfully employed)

Client Satisfaction

- Afforded opportunity for free and independent choice
- Guaranteed choice of service providers to which there are no religious objections

Process 3 – Use the Data

- Management attention to data
- Review data systematically, delve deeper when questions arise
- Involve staff in problem solving to identify:
 - Root causes
 - Where processes can be changed
 - How to make needed changes

Questions to Ask

- What do you do if you don't like what you find? If the abstinence rate is low, why?
- Are there extenuating/influencing factors that need to be considered?
- What will you do about it?
 - Document process for setting a target
 - Gather appropriate information
 - Determine if the target has been met
 - Do something about it

Process 4 – Implementation

- Management decides on areas of change
- Changes are made
 - Getting information out (marketing)
 - Altering programs
 - Finding new providers
 - Changing clinical treatment/recovery support mix

Process 5 – Continuous Performance Improvement

- Track indicators to determine whether change made a difference
 - Is performance getting better?
 - Are outcomes improving for the persons served?
 - Is the best cost/benefit ratio being achieved?

Client Level Outcomes

- Data collected at entry, exit and every two months during episode of care
- Applicable domains
 - Abstinence
 - Employment/education
 - Crime and criminal justice
 - Family and living conditions
 - Social support

Provider Level Outcomes

- Develop system to provide incentives to eligible providers with superior outcomes
 - Adjust provider eligibility
- Applicable domains
 - Client progress and outcome data
 - Retention in clinical treatment

Grantee Level Outcomes

- Increase capacity (change over time)
 - Number of qualified providers
 - Access to service (identified domain)
- Support any mixture of clinical treatment and recovery support services that can be expected to achieve the program's goal of cost effective, successful outcomes for the largest # of people (volume/rate related to effectiveness outcomes)